

<i>SERFF Tracking Number:</i>	<i>FFDC-125656877</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Automobile Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NARMC0208</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1000 CMP Sub-TOI Combinations</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>Fungi Limitation Endorsement</i>		
<i>Project Name/Number:</i>	<i>Fungi Limitation Endorsement/NARMC0208</i>		

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: Fungi Limitation Endorsement SERFF Tr Num: FFDC-125656877 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1000 CMP Sub-TOI Combinations Co Tr Num: NARMC0208 State Status: Fees verified and received

Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Helen Jee	Disposition Date: 06/06/2008
	Date Submitted: 05/27/2008	Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):
07/01/2008

State Filing Description:

General Information

Project Name: Fungi Limitation Endorsement

Project Number: NARMC0208

Reference Organization:

Reference Title:

Filing Status Changed: 06/06/2008

State Status Changed: 06/06/2008

Corresponding Filing Tracking Number: NARMC0208

Filing Description:

Updated Fungi Limitation endorsement to our previously approved Fungi Limitation endorsement # NARMC0102, applying coverage to specified locations on the policy. The updated Fungi Limitation endorsement also allows us to offer the higher limit options currently available on our previously approved Fungi Additional Limit Endorsement 145955, filing # NARMC0306PK/DOI #ARPC 06 020 381

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>FFDC-125656877</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Automobile Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NARMC0208</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1000 CMP Sub-TOI Combinations</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>Fungi Limitation Endorsement</i>		
<i>Project Name/Number:</i>	<i>Fungi Limitation Endorsement/NARMC0208</i>		

This will enable us to utilize the same form for providing the base limit of \$25,000 for fungi with higher limit options. There is no charge to pricing for the base limit or higher limit options.

This is a form filing only. There is no rate impact associated with the use of the endorsement submitted in this filing. Please refer to the enclosed marked copies of the forms detailing the above-mentioned revisions.

Enclosures:

- Explanatory Memorandum
- 145900 04 08 Fungi Limitation Endorsement & Marked copy as a side by side comparison

With the filing of the 04 08 edition of the Fungi Limitation Endorsement – 145900, we are withdrawing in this filing our Fungi Additional Limit Endorsement –145955 06 06, filed and approved under filing # NARMC0306PK/DOI # ARPC 06 020 381.

Company and Contact

Filing Contact Information

Helen Jee, Filings Analyst	hjee@ffic.com
777 San Marin Drive	(415) 899-6721 [Phone]
Novato, CA 94949	(866) 290-0671[FAX]

Filing Company Information

American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	

Associated Indemnity Corporation	CoCode: 21865	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1708002	

Fireman's Fund Insurance Company	CoCode: 21873	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-3290 ext. [Phone]	FEIN Number: 94-1610280	

The American Insurance Company	CoCode: 21857	State of Domicile: Nebraska
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-0731810	

SERFF Tracking Number: *FFDC-125656877* *State:* *Arkansas*
First Filing Company: *American Automobile Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *NARMC0208*
TOI: *05.1 Commercial Multi-Peril - Non-Liability* *Sub-TOI:* *05.1000 CMP Sub-TOI Combinations*
 Portion Only
Product Name: *Fungi Limitation Endorsement*
Project Name/Number: *Fungi Limitation Endorsement/NARMC0208*

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Automobile Insurance Company	\$0.00	05/27/2008	
Associated Indemnity Corporation	\$0.00	05/27/2008	
Fireman's Fund Insurance Company	\$0.00	05/27/2008	
National Surety Corporation	\$0.00	05/27/2008	
The American Insurance Company	\$50.00	05/27/2008	20516185

SERFF Tracking Number:	FFDC-125656877	State:	Arkansas
First Filing Company:	American Automobile Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	NARMC0208		
TOI:	05.1 Commercial Multi-Peril - Non-Liability Portion Only	Sub-TOI:	05.1000 CMP Sub-TOI Combinations
Product Name:	Fungi Limitation Endorsement		
Project Name/Number:	Fungi Limitation Endorsement/NARMC0208		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/06/2008	06/06/2008

SERFF Tracking Number:	FFDC-125656877	State:	Arkansas
First Filing Company:	American Automobile Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	NARMC0208		
TOI:	05.1 Commercial Multi-Peril - Non-Liability	Sub-TOI:	05.1000 CMP Sub-TOI Combinations
	Portion Only		
Product Name:	Fungi Limitation Endorsement		
Project Name/Number:	Fungi Limitation Endorsement/NARMC0208		

Disposition

Disposition Date: 06/06/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: FFDC-125656877 State: Arkansas

First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: NARMC0208

TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
Portion Only

Product Name: Fungi Limitation Endorsement

Project Name/Number: Fungi Limitation Endorsement/NARMC0208

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Supporting Document	Marked Copy of Endt	Approved	Yes
Form	Fungi Limitation Endorsement	Approved	Yes

SERFF Tracking Number: FFDC-125656877 State: Arkansas
 First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: NARMC0208
 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
 Portion Only
 Product Name: Fungi Limitation Endorsement
 Project Name/Number: Fungi Limitation Endorsement/NARMC0208

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Fungi Limitation Endorsement	145900	04 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: 145900 01 02 Previous Filing #: NARMC0102		145900 04 08 Fungi Limitation Endt - Final.pdf

Fungi Limitation Endorsement - 145900 04 08

Policy Amendment(s)

This endorsement modifies insurance provided under the following:

Commercial Property Coverage Part

Property-Gard Select Real and Personal Property Coverage Section

Commercial Inland Marine Coverage Part

Standard Property Policy

All Other Property or Inland Marine Coverage Forms, Sections, or Endorsements attached to this policy

Schedule of Additional Limit

- ☐ **\$50,000**
- ☐ **\$100,000**
- ☐ **\$250,000**

Schedule of Locations

Description of Business Real Property to which this endorsement applies:

Location Number	Address
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

With respect to the location(s) shown in the above Schedule, the coverage parts, coverage sections, forms, or endorsements described above and attached to this policy are amended as follows.

1. The terms fungus and mold are deleted wherever they may appear in the coverage parts, coverage sections, forms, or endorsements described above and attached to this policy.

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

2. The following exclusion applies to any coverage part, coverage form, coverage section, coverage provision, extension of coverage, additional coverage, coverage enhancement, or amendatory endorsement attached to this policy:
 - a. This insurance does not apply to any loss, damage, expense, injury, economic loss, economic detriment, liability, or claim, directly or indirectly, arising out of, caused by, resulting from, happening through, or in consequence of **fungi**, notwithstanding any other provision of this policy to the contrary. This includes the cost to test for, monitor, abate, mitigate, remove, dispose of, or remediate **fungi**.
 - b. Such loss, damage, expense, injury, economic loss, economic detriment, liability, or claim is excluded regardless of any other cause, condition, event, material, product or building component, that contributes concurrently or in any sequence to the loss, damage, expense, injury, economic loss, economic detriment, liability, or claim.
3. The following coverage extension is added:

Fungi

- a. If **fungi** is the result of a Covered Cause of Loss, we will pay, subject to the limitation in subsection 3.d. (below), for:
 - (1) Direct physical loss of or damage to Covered Property, or Property Insured;
or
 - (2) Your liability for property of others;

At the premises shown in the Declarations, caused by or resulting from **fungi**. This includes the necessary and reasonable cost incurred to test for, monitor, abate, mitigate, remove, dispose of, or remediate fungi.
- b. Coverage provided by this extension applies only if the presence of **fungi** is reported to us within 30 days of the occurrence of the covered loss that is alleged to have caused this condition.
- c. Coverage provided by this extension includes:
 - (1) The actual loss of Business Income you sustain;
 - (2) The necessary Extra Expense you incur; or
 - (3) Ordinance or Law Coverage;

if the Coverage Section, policy Declarations, or an endorsement attached to this policy show that you have Business Income, Extra Expense, or Ordinance or Law Coverage.

- d. Regardless of any other limits or coverages stated in this policy, or the number of locations involved, the most we will pay under this coverage extension in any one occurrence or in the **annual aggregate** during the policy period is \$25,000 or the amount indicated in the above Schedule of Additional Limit. The provisions of this extension do not increase any Limits of Insurance provided by this policy.

4. Additional Definitions:

- a. **Annual Aggregate** means the most we will pay for all loss or damage arising from all occurrence(s) during any one Policy Period. **Annual aggregate** Limit(s) of Insurance are reduced by the amount of any paid loss insured under this coverage extension.

If the policy is written for a term of more than one year, we will apply the **annual aggregate** limit of insurance separately to each consecutive year of the Policy Period. If the policy is extended for a period of time that is less than a year, the **annual aggregate** from the prior term applies to the extended period of time.

- b. **Fungi** means all types of fungus, such as mildew and mold, and all of their resulting spores and byproducts, including mycotoxins and allergens. **Fungi** does not mean **fungi** for human ingestion.

For purposes of this **Fungi** Coverage Extension, **fungi** is not considered a **pollutant**.

This endorsement is otherwise subject to all other terms, conditions, provisions and stipulations of the policy to which it is attached.

<i>SERFF Tracking Number:</i>	<i>FFDC-125656877</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Automobile Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NARMC0208</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability Portion Only</i>	<i>Sub-TOI:</i>	<i>05.1000 CMP Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Fungi Limitation Endorsement</i>		
<i>Project Name/Number:</i>	<i>Fungi Limitation Endorsement/NARMC0208</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FFDC-125656877 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARMC0208
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
Portion Only
Product Name: Fungi Limitation Endorsement
Project Name/Number: Fungi Limitation Endorsement/NARMC0208

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/06/2008

Comments:

Attachment:

NAIC Transmittal - F.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 06/06/2008

Comments:

Attachment:

Form Filing Schedule.pdf

Satisfied -Name: Marked Copy of Endt **Review Status:** Approved 06/06/2008

Comments:

Marked Copy of Endt available for side by side comparison.

Attachment:

145900 04 08 Fungi Limitation Endt - marked copy.pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Fireman's Fund Insurance Company	California	21873	94-1610280	04
National Surety Corporation	Illinois	21881	36-2704643	12
The American Insurance Company	Nebraska	21857	22-0731810	26
Associated Indemnity Corporation	California	21865	22-1708002	04
American Automobile Insurance Company	Missouri	21849	22-1608585	24

5. Company Tracking Number	NARMC0208-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Helen Jee 777 San Marin Drive Novato, California 94998	Regulatory Analyst	415-899-6721	(866) 290-0671	hjee@ffic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Helen Jee		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	5.1 Commercial Multi-Peril (Non Liability Portion)			
10.	Sub-Type of Insurance (Sub-TOI)	5.1000 CMP Sub-TOI Combinations			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)				
13.	Filing Type Forms	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:	07-01-2008	Renewal:	07-01-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	05-09-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	NARMC0208-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Enclosed for your review is an updated Fungi Limitation endorsement to our previously approved Fungi Limitation endorsement # NARMC0102, applying coverage to specified locations on the policy. The updated Fungi Limitation endorsement also allows us to offer the higher limit options currently available on our previously approved Fungi Additional Limit Endorsement 145955, filing # NARMC0306PK/DOI # ARPC 06 020 381

This will enable us to utilize the same form for providing the base limit of \$25,000 for fungi with higher limit options. There is no charge to pricing for the base limit or higher limit options.

This is a form filing only. There is no rate impact associated with the use of the endorsement submitted in this filing. Please refer to the enclosed marked copies of the forms detailing the above-mentioned revisions.

Enclosures:

- Explanatory Memorandum
- 145900 04 08 Fungi Limitation Endorsement & Marked copy as a side by side comparison

With the filing of the 04 08 edition of the Fungi Limitation Endorsement – 145900, we are withdrawing in this filing our Fungi Additional Limit Endorsement –145955 06 06, filed and approved under filing # NARMC0306PK/DOI # ARPC 06 020 381.

Your approval/acknowledgment of this filing with a proposed effective date of 7/1/08 is appreciated.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount: EFT</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms.)

(Do **not** refer to the body of the filing for the forms listing, unless allowed by the state.)

	This filing transmittal is part of Company Tracking #			NARMC0208	
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
	Form Name/ Description/Synopsis	Form# Include edition Date	Replacement Or Withdrawn	If replacement, give form # it replaces	Previous state filing number, (if required by state)
1	Fungi Limitation Endorsement	145900 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	145900 06 06	NARMC0102
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Fungi Limitation Endorsement - 145900 ~~01-02~~ 04 08

Policy Amendment(s)

This endorsement modifies insurance provided under the following:

Commercial Property Coverage Part

Property-Gard Select Real and Personal Property Coverage Section

Commercial Inland Marine Coverage Part

Standard Property Policy

All Other Property or Inland Marine Coverage Forms, Sections, or Endorsements attached to this policy

Schedule of Additional Limit

☐ **\$50,000**

☐ **\$100,000**

☐ **\$250,000**

Schedule of Locations

Description of Business Real Property to which this endorsement applies:

<u>Location Number</u>	<u>Address</u>
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

With respect to the location(s) shown in the above Schedule, the coverage parts, coverage sections, forms, or endorsements described above and attached to this policy are amended as follows.

1. The terms fungus and mold are deleted wherever they may appear in the coverage parts, coverage sections, forms, or endorsements described above and attached to this policy.
2. The following exclusion applies to any coverage part, coverage form, coverage section, coverage provision, extension of coverage, additional coverage, coverage enhancement, or amendatory endorsement attached to this policy:
 - a. This insurance does not apply to any loss, damage, expense, injury, economic loss, economic detriment, liability, or claim, directly or indirectly, arising out of, caused by, resulting from, happening through, or in consequence of **fungi**,

notwithstanding any other provision of this policy to the contrary. This includes the cost to test for, monitor, abate, mitigate, remove, dispose of, or remediate **fungi**.

- b. Such loss, damage, expense, injury, economic loss, economic detriment, liability, or claim is excluded regardless of any other cause, condition, event, material, product or building component, that contributes concurrently or in any sequence to the loss, damage, expense, injury, economic loss, economic detriment, liability, or claim.

3. The following coverage extension is added:

Fungi

- a. If **fungi** is the result of a Covered Cause of Loss, we will pay, subject to the limitation in subsection 3.d. (below), for:
 - (1) Direct physical loss of or damage to Covered Property, or Property Insured;
or
 - (2) Your liability for property of others;

At the premises shown in the Declarations, caused by or resulting from **fungi**. This includes the necessary and reasonable cost incurred to test for, monitor, abate, mitigate, remove, dispose of, or remediate fungi.

- b. Coverage provided by this extension applies only if the presence of **fungi** is reported to us within 30 days of the occurrence of the covered loss that is alleged to have caused this condition.
- c. Coverage provided by this extension includes:
 - (1) The actual loss of Business Income you sustain;
 - (2) The necessary Extra Expense you incur; or
 - (3) Ordinance or Law Coverage;

if the Coverage Section, policy Declarations, or an endorsement attached to this policy show that you have Business Income, Extra Expense, or Ordinance or Law Coverage.

- d. Regardless of any other limits or coverages stated in this policy, or the number of locations involved, the most we will pay under this coverage extension in any one occurrence or in the **annual aggregate** during the policy period is \$25,000- or the

amount indicated in the above Schedule of Additional Limit. The provisions of this extension do not increase any Limits of Insurance provided by this policy.

4. Additional Definitions:

- a. **Annual Aggregate** means the most we will pay for all loss or damage arising from all occurrence(s) during any one Policy Period. **Annual aggregate** Limit(s) of Insurance are reduced by the amount of any paid loss insured under this coverage extension.

If the policy is written for a term of more than one year, we will apply the **annual aggregate** limit of insurance separately to each consecutive year of the Policy Period. If the policy is extended for a period of time that is less than a year, the **annual aggregate** from the prior term applies to the extended period of time.

- b. **Fungi** means all types of fungus, such as mildew and mold, and all of their resulting spores and byproducts, including mycotoxins and allergens. **Fungi** does not mean **fungi** for human ingestion.

For purposes of this **Fungi** Coverage Extension, **fungi** is not considered a **pollutant**.

This endorsement is otherwise subject to all other terms, conditions, provisions and stipulations of the policy to which it is attached.